QCDEPT

| REQUEST FOR DEVIATION/WAIVER (RFD/RFW)  The public reporting burden for this collection of information is assimilated to everage 2 hours per response, including reporting and reviewing the or the public reporting burden for this collection of information, including suggregations for the collection of information, including suggregations for the collection of information, including suggregations (27/04-07/88)  |  |   |   |                                | , DA                 | TE (YYYY               | MMDD)                   | Form App                     | roved<br>azna 0186 |            |  |
|--|--|---|---|--------------------------------|----------------------|------------------------|-------------------------|------------------------------|--------------------|------------|--|
|  |  |   |   |                                |                      | 2004/03                | 3/03                    | OMB No. 0704-0188            |                    |            |  |
|  |  |   |   |                                | g the t              | me for review          | ing instructions,       | 2. PROCURING ACTION          |                    |            |  |
| he number reporting burden for t   | his activation of information in   | e date needed, and comp   | Petrol and levie                        | wing the police                | anciud (             | the burden to          | Department of           | HUMBER                       |                    | 1          |  |
| earthing existing data sources.  | or any other aspect of this  | collection of information, information.   | and Reports (                           | 7704-0188), 1<br>on o(less, no | 215 JK<br>Person     | Strail be snicke       | of to easy permits      |                              |                    |            |  |
| The public reporting burden for this objection of information is assimilated to everage 2 hours per response, including the time for reviewing instructions, and compressing and reviewing the objection of information. Sind comments are extended data sources, patrioring end maintaining the data needed, and completing and reviewing the objection of information. The control of the objection of information including suggestions for recurring the burden statement of Department of Programs, Distriction of the objection of information of Department of Response (0704–0188), 1215 Jefferson Davis Highesty, Sufferson Department, Washington Headquarters Services, Districtions in Information Operations and Response of New York, and Response of the subject to environment of the New York, Amington, VA 22204-3402, Respondents should be aware than non-distriction of the Provision of law, no person shall be subject to environment of the Control number.  PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT PLEASE DO NOT RETURN OPPICER FOR THE CONTRACT/ PROCURING ACTIVITY NUMBER LISTED IN TERM 2 OF THES PORMs. |  |   |   |                                |                      |                        |                         | 3. DODAAC<br>W56HZV          |                    |            |  |
| or failing to comply with a collect  | DON OF IMPORTMENDERS IN THE DESCRIPTION OF IMPORTMENT AND INCIDENT AND | TO THE ABOVE ADDR   | ESS. RETUR                              | N COMPLET!                     | OF THE               | B PORM.                |                         | W                            | 30/12 V            |            |  |
| PI FARE DO NOT RETURN TOOK STORE TO BROCURING ACTIVITY HUMBER DO   |  |   |   |                                |                      |                        |                         |                              |                    |            |  |
| 4. ORIGINATOR  |  |   |   |                                |                      |                        | DEVIATIO                |                              |                    |            |  |
| a. TYPED NAME (First,  | NAPCO Interna  | NAPCO International, LLC  |   |                                |                      |                        | 6. (X one)              | الشنا                        | ROM                |            |  |
| Todd S Johnson   |  | 11111 Excelsion   | 11111 Excelsior Blvd. Hopkins, MN 55343 |                                |                      |                        |                         | MAJOR                        | 1 1                | RITICAL    |  |
| Your 2 Journon   |  | Hopkins, MN 3.  |   |                                |                      | ASELINE                | AFFECTED                | 9. OTHER 8                   | YSTEM/C            | ONFIGU-    |  |
| 7. DESIGNATION FOR   | DEVIATION/WAIVE  |   |   |                                | <u> </u>             | FUNC-                  | ALLO                    | RATION                       | TEMS ALL           |            |  |
| a. MODELTYPE   | b. CAGE CODE   | c. SYS. DESIG.  | . DEV.MA                                |                                |                      | PRODUCT                |                         | YES                          | XN                 | °          |  |
| a, MODELT TEE  | 95201  |   | W-N0                                    | 33-2                           |                      | ARODOG                 |                         | <u></u>                      |                    |            |  |
| 10. TITLE OF DEVIATI   |  | 1   | _                                       |                                |                      |                        |                         |                              |                    |            |  |
|  | Oldinora   |   |   |                                |                      | - CT                   | NG OFFICE               | ·                            |                    |            |  |
| Pump, Fluid 11. CONTRACT NO. A   | 12. P  | 12. PROCURING CONTRACTING OFFICER  a. NAME (First, Micole Initial, Last) Daryl F. Witte  a. NAME (First, Micole Initial, Last) Daryl F. Witte |   |                                |                      |                        |                         |                              |                    |            |  |
| DAAE07   | 003 & 0004   | )3 & 0004 a. NAME (Fin  |   |                                | le Initial, Les      | TELEDE                 | HONE NO. 586.574.7196   |                              |                    |            |  |
| D. 2.20  | - Enc  | ODF   |   |                                | C. IELEFI            | 101101101              |                         |                              |                    |            |  |
| 13. CONFIGURATION  |  | 14. CLASSIFICATION OF DEFECT  a. CD NO.   D. DEFECT NO. c. DEFE   |   |                                |                      | T CLASSIFIC            | ATION                   |                              |                    |            |  |
| 13, CONFIGURATION  | 11 mm  |   | a. 0                                    | D NO.                          | b. D                 | EFECT NO               | J. C. DEFEC             | MAJOR                        |                    | CRITICAL   |  |
|  |  |   |   |                                | <u> </u>             |                        | X MINOR                 | ESIGNATION                   |                    |            |  |
| 15. NAME OF LOWEST PART/ASSEMBLY AFFECTED  |  |   |   |                                | 16. PART NO. OR TYPE |                        |                         |                              | DESIGNATION        |            |  |
| 1  | 1 ( ) ( ) ( )  |   |   |                                | 122                  | 84468                  |                         | DENIC DENIA                  | TIONAVAI           | VER        |  |
| Pump, Fluid  |  | }   |   |                                |                      | URRING DEVIATIONWAIVER |                         |                              |                    |            |  |
| 2351 pieces (618, 84   | 16 & 887), and any   | additional contra   | ct option q                             | uantities.                     |                      |                        | X YES                   | но                           |                    |            |  |
| 19. EFFECT ON COS  | T/PRICE  |   | 20. 1                                   | FFECT C                        | N DE                 | LIVERY S               | CHEDULE                 | 0 dayer a <del>19</del> ar s | .nnwai             |            |  |
| None   |  |   | Will                                    | start mo                       | athly                | contract               | delivenes i             | 0 days after a               | грргоча.           |            |  |
| 21. EFFECT ON INTE   | GRATED LOGISTICS   | SUPPORT, INTE   | RFACE OR                                | SOFTWA                         | RE                   |                        | •                       |                              |                    |            |  |
| No effect  |  |   |   |                                |                      |                        |                         |                              |                    |            |  |
|  |  |   |   |                                |                      |                        |                         |                              |                    |            |  |
| 22. DESCRIPTION O  | F DEVIATION/WAIVE  | R   |   |                                |                      | 10 - 00/               | 00                      |                              |                    |            |  |
| 1  | d.v==ric   | n of 18+07 ms ∣   | testing was                             | conduct                        | ed to                | 18±.80/-               | .00 ms.<br>.ia Da 57_63 | ı                            |                    |            |  |
|  |  |   |   |                                |                      |                        |                         | unnorting ext                | alanations         | <b>.</b> . |  |
| <ul><li>[2] Input shaft hardn</li><li>[3] Input shaft mater</li></ul>  | ial is specified as S  | AE 8740, manuta   | ecturers ma                             | menai is :                     | ME .                 | 6020. SC               | C anached 3             | appoiding via                | ,                  |            |  |
|  |  |   |   |                                |                      |                        |                         | ****                         |                    |            |  |
| This is the same put   |  | original equipme  | nt manufac                              | cturer tha                     | t has                | been in s              | ervice for 2            | 0+ years in th               | iis vehicle        |            |  |
| This is the same purapplication. The dra   | nuing should be che  | nged to more acc  | curately de                             | scribe the                     | pun                  | ip current             | lly being pro           | oduced. These                | e condino          | ns have    |  |
| nor affected purap   | erformance   | arged to their act  |   |                                | •                    | •                      |                         |                              |                    |            |  |
| no. attected putup p   | CITOITIMICS.   |   |   |                                |                      |                        |                         |                              |                    |            |  |
| 24. CORRECTIVE AC  | TION TAKEN   |   |   | ~                              |                      |                        |                         |                              |                    |            |  |
| An ECP will be sub   | mitted to clarify the  | ese points on drav  | wing for fu                             | ture proc                      | urem                 | ent.                   |                         |                              |                    |            |  |
|  | •  |   |   |                                |                      |                        |                         |                              |                    |            |  |
|  |  |   |   |                                | _                    |                        |                         |                              |                    |            |  |
| 25. SUBMITTING AC  | TIVITY   | · · · · · · · · · · · · · · · · · · ·   |   |                                |                      |                        |                         |                              |                    |            |  |
| a TYPED NAME (F  |  | b. TITLE  |   |                                |                      | c. SjC                 | NATURE                  | $\Omega$                     |                    |            |  |
| Last)  |  | QC Manager  |   |                                |                      | 1                      | 1 On the                | n //                         |                    |            |  |
| Gary R Gelhaye   |  |   |   |                                |                      |                        | MY XX                   | lk                           |                    |            |  |
| 28. APPROVAL/DISA  | PPROVAL  | g. RECOMME  | ND                                      | APPROV                         | AL                   |                        | ISAPPROVA               | L                            |                    |            |  |
| b. APPROVAL  |  | C. GOVERNMENT ACTIVITY  |   |                                |                      |                        |                         |                              |                    |            |  |
| X APPROVED   | DISAPPROVED  | US Army   |   |                                | AC                   | AHPB                   |                         |                              |                    | ·          |  |
| d. TYPED NAME (F   |  | a. SIGNATURE  |   |                                |                      | 1-1                    |                         |                              | DATE S             | GNED       |  |
| Last   |  |   | ward Flutte                             |                                |                      |                        |                         |                              | (YYYYY)            | AMDD)      |  |
| Daryl F. Witte   |  | N X   |   |                                |                      |                        |                         |                              | 2004MAI            | R22        |  |
| g APPROVAL   |  | h. GOVERNME   | ENT ACTIVI                              | TY                             |                      |                        |                         | 4                            |                    |            |  |
| <u> </u>   | DISAPPROVED  |   | $\mathcal{O}_{\mathcal{I}}$             |                                |                      |                        |                         |                              |                    |            |  |
| i, TYPED NAME (Fil   |  | j. SIGNATURE  |   |                                |                      |                        |                         |                              | L DATES            |            |  |
| Last)  | ay moder makes,  | ). Sidistina  | -                                       |                                |                      |                        |                         |                              | (XXXX)             | AMDD)      |  |
|  |  |   |   |                                |                      |                        |                         |                              |                    |            |  |
|  |  | 1   |   |                                |                      |                        |                         |                              |                    |            |  |